

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/527145** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	/					
5	/		/			
6	3		/			
7	1		/			
8	1		/			
9	1		/			
10	1		/			
11	1		/			
12	1		/			
13	1		/			
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49						
50						
TOTAL IND.	1		3			
TOTAL DEP.	15	↔	10	↔		
TOTAL CLAIMS	16	[REDACTED]	13	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

U.S. DEPARTMENT OF COMMERCE